

**PATIENT PRESENTING CLINICAL SIGNS**

Muffin Ghouri

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

6.5

**WEIGHT**

5 kg

History: Muffin presented for investigation of significant weight loss and a recent 2-day history of lethargy, inappetence, and a weak meow. O also reported initial concerns for inappropriate urination which was thought to be behavioral following the birth of a new baby 4 weeks ago. PE - thin BCS with easily palpable spinal processes, cachexic like. Firm non painful mass palpable in mid abdomen and could not identify what organ it is associated with. Has been on Meloxicam, Clavaseptin for UTI

Abnormal PE/Chem/CBC/UA Results: Single view rad revealed soft tissue opacity in mid abdomen. Empty stomach and no gas pattern, visible kidneys, liver and bladder appear normal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small-to-moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (4.53 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Sm Animal Internal Med)

The right kidney is normal in size (4.42 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**IMAGING PERFORMED BY**

Crystal Hill

**Adrenal Glands**

The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

**HOSPITAL NAME**

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**Spleen**

The spleen is normal in size (0.83 cm in width at the level of the hilus) with a normal capsular contour. Using a high-frequency probe, a light micronodular pattern is observed throughout the organ. No focal lesions are observed. Splenic vasculature is normal.

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**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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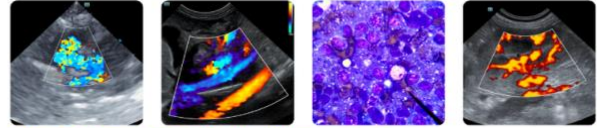
The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**DATE**

2-25-26

**Gastrointestinal**

The gastric lumen is mildly- to moderately-distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an



**PATIENT** obstructive pattern.

Muffin Ghouri

**Pancreas**

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

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**Free Abdomen**

There is no obvious evidence of free fluid.

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**Other**

In the caudodorsal abdomen, a 3.3 x 2.6 cm walled, fluid-filled structure/mass is visualized. The wall is of varying thickness. Aggregated, echogenic material is observed within the fluid. The mesentery surrounding the structure is hyperechoic.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Walled, fluid-filled structure in the caudodorsal abdomen, the origin of which is unclear. It may be arising from, mesentery, lymph node, bowel, other. Considerations include neoplasia with an abscessed or necrotic center, benign abscess, other. Adjacent peritonitis is present.

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**Secondary Findings**

- Mild bilateral nonspecific age-related renal changes
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease, consider consultation with a board-certified surgeon to discuss removal of the walled structure in the caudodorsal abdomen. Fine-needle aspiration can be considered prior to surgery. However, there is some risk of rupture of the structure with aspiration.
- Also consider fine-needle aspiration of the spleen (assuming normal clotting status). A 25-gauge needle should be used.

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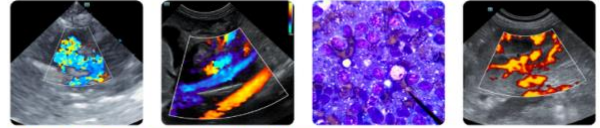
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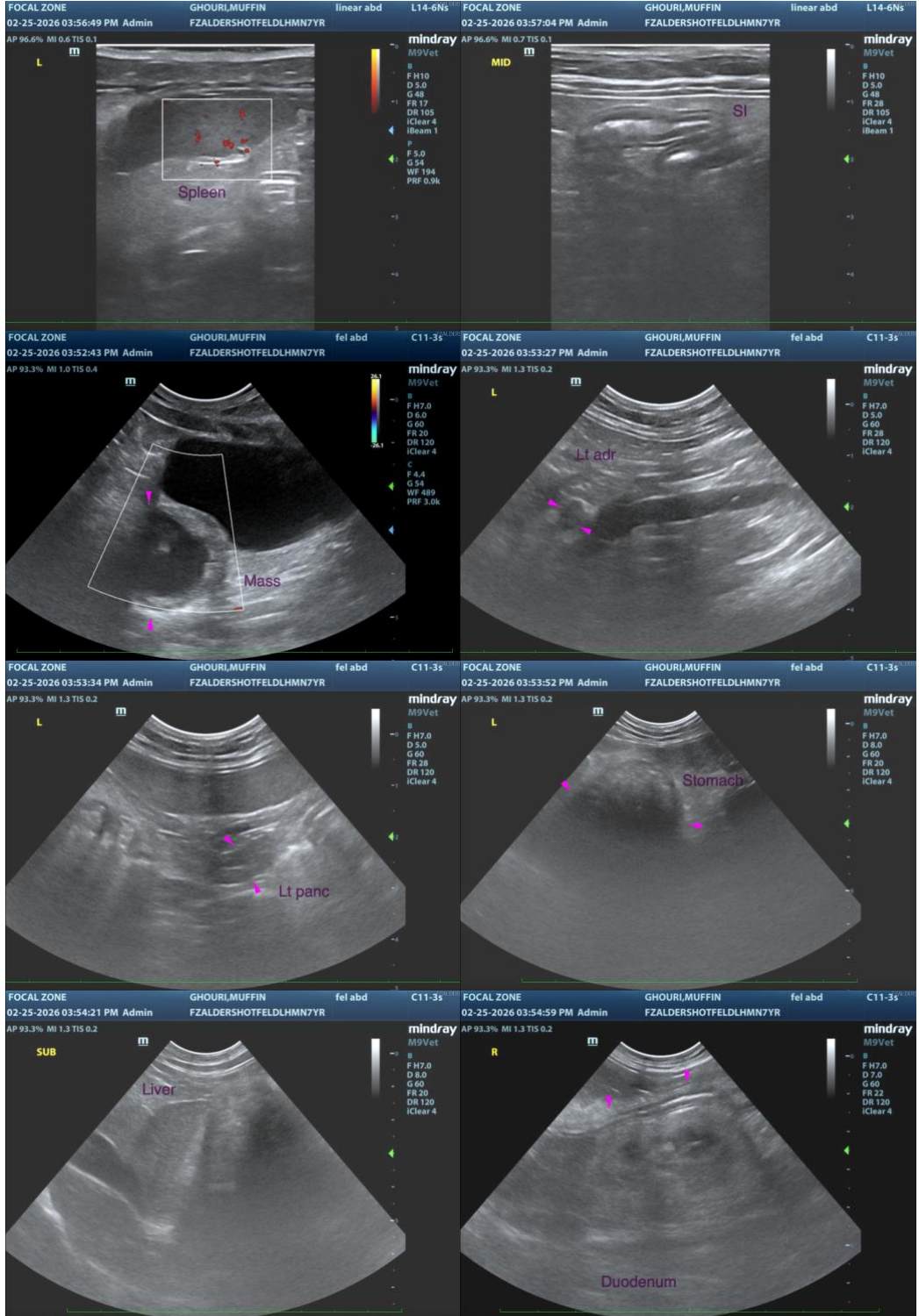
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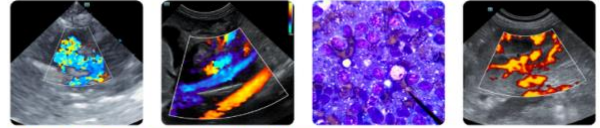
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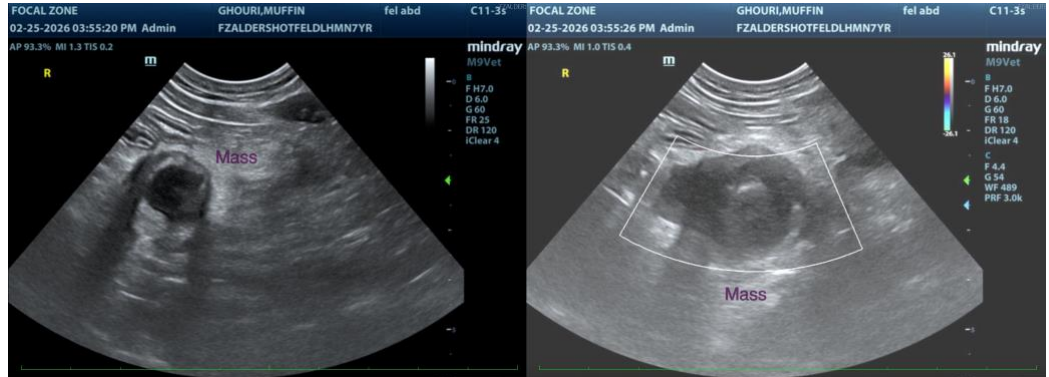
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
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